



# BabyNet

South Carolina's Early Intervention System  
SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

## TRANSITION REFERRAL

Date this form will be sent (at least 270 days prior to child's third birthday) _____		Date Form Sent:	
Date of referral to BabyNet if less than 270 days prior to child's third birthday:			
School district, Head Start, or community program To:		From:	
Address:		Address:	
Phone Number:		Phone number:	
Email Address		Email Address:	
<b>1. REFERRAL AND RECORDS: BASED UPON PARENTAL CONSENT</b>			
Has the parent agreed to referral?		YES	NO
Has the parent agreed to share the child's BabyNet record with the local school district?		YES	NO
Has the parent agreed to a Transition Conference?		YES	NO
Parent/Guardian Signature:		Date:	
<b>2. REQUEST FOR INVITATION TO IEP MEETING?</b>			
For School District or Head Star Referrals: If my child is found to be eligible for services through the local school district or Head Start, I understand that my child's BabyNet Service Coordinator can be invited to the Individualized Educational Plan (IEP) meeting as a person who has specialized knowledge about my child. The Service Coordinator's name and address is at the top of this form.			
Parent/Guardian Signature:		Date:	
<b>3. SCHOOL DISTRICT DATA: TO BE RETURNED TO BABYNET SERVICE COORDINATOR</b>			
Date child was determined ELIGIBLE for Part B Services:			
Date child's IEP was completed:			
Date child was determined NOT ELIGIBLE for Part B services:			
Was IEP completed prior to child's third birthday?		YES	NO
<b>Individual Completing Form:</b>			
Name:		Date:	
Title:		District Name:	
Phone:		Signature	

# INSTRUCTIONS

## Transition Referral Form

Form is used when transitioning a child from the BabyNet System. This form will also serve as the School District Child Find Notification.

- **Date This Form Will Be Sent By (At Least 270 Days Prior To Child's Third Birthday):** Enter date form will be sent. Must be at least 270 days prior to child's third birthday.
- **Date Form Sent:** Enter actual Date form was sent.
- **To:** Enter the name of the contact person at the school district, head start, or community provider.
- **From:** Enter name of BabyNet Service Coordinator sending the form.
- **Address:** Enter the address of the school district, head start, or community provider to include city, state and zip code.
- **Address:** Enter the address of the service coordinator sending the form to include agency name, city, state, and zip code.
- **Phone Number:** Enter the phone number for the contact person at the local school district, head start, or community program to include any extension numbers.
- **Phone Number:** Enter the phone number of the BabyNet Service Coordinator to include any extension numbers.
- **Email Address:** Enter email address of contact person at school district, head start, or community program, if available.
- **Email Address:** Enter email address of BabyNet Service Coordinator, if available.

### SECTION 1: REFERRAL AND RECORDS (BASED UPON PARENT CONSENT)

- **Has the parent(s) agreed to referral?:** Child's BabyNet Service Coordinator needs to circle the yes or no box.
- **Has the parent agreed to share the child's BabyNet record with the local school district?:** Child's BabyNet Service Coordinator needs to circle the yes or no box.
- **Has the parent(s) agreed to Transition Conference?:** Child's BabyNet Service Coordinator needs to circle the yes or no box.
- **Parent/Guardian Signature:** Child's Parent/Guardian signs here to indicate they agree to the above information related to referral, records and transition conference.
- **Date:** Enter date form was signed.

### SECTION 2: REQUEST FOR INVITATION TO IEP MEETING

- **Signature of Parent(s)/Guardian:** Parent signs statement to acknowledge that they may invite the BN Service Coordinator to attend the child's IEP meeting.
- **Date:** Enter date of parent(s) signature.

### SECTION 3: SCHOOL DISTRICT DATA:

- **Date child was determined eligible for Part B Services:** School district enters date child was evaluated and determined ELIGIBLE for Part B services.
- **Date child's IEP was completed:** School district enters date child's IEP was completed.
- **Date child was determined not eligible for Part B services:** School district enters date child was evaluated and determined NOT ELIGIBLE for Part B services.

- **Was IEP completed prior to child's third birthday?:** Circle yes or no to indicate if child's IEP was completed prior to child's third birthday.
- **Name:** Enter name of school district personnel completing form.
- **Date:** Enter date form was completed.
- **Title:** Enter title of school district personnel completing form.
- **District Name:** Enter school name where personnel employed.
- **Phone Number:** Enter phone number of school district personnel completing form.
- **Signature:** School district personnel completing form signs here.